

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2007
NAME OF PROVIDER OR SUPPLIER DOMINICAN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065 SANTA CRUZ COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>The following reflects the findings of the California Department of Public Health during a complaint visit.</p> <p>For complaint CA00133286 regarding Quality of Care/Treatment and entity reported incident CA00134333 State Monitoring, a State deficiency was identified (see CCR, Title 22, Section 70253(b)).</p> <p>Inspection was limited to the specific complaint and entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: [REDACTED], Health Facilities Evaluator Nurse.</p> <p>1280.1(a)(c) Health and Safety Code Section 1280 (a) If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand dollars (\$25,000) per violation. (c) For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause serious injury or death to the patient.</p> <p>Title 22 Division 5 CH 1 Article 3 - 70253(b)</p>				

Event ID:QQGN11

5/8/2008

11:12:02AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2007
NAME OF PROVIDER OR SUPPLIER DOMINICAN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065 SANTA CRUZ COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 1</p> <p>Radiological Service General Requirements (b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>The above regulation was not met as evidenced by:</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY.</p> <p>Based on interview and documentation, the hospital radiology service failed to develop an effective policy and procedure for the safe treatment of patients. Findings:</p> <p>Record documentation indicated Patient 1 was admitted to the hospital's radiology department for a CT (Computed Tomography) scan of her abdomen on November 14, 2007. Based on the CT results, the patient was scheduled for an appendectomy. The surgery was performed later that evening.</p> <p>On November 15, 2007 (next day) it was discovered by a radiologist that Patient 1's CT scan was that of another patient (Patient 2).</p> <p>On December 10, 2007 hospital administrative staff was interviewed and stated, on November 14, 2007 Patient 1 was in fact admitted to the hospital radiology department for a CT (Computed Tomography) scan of her abdomen. The patient</p>				

Event ID:QQGN11

5/8/2008

11:12:02AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/17/2007
NAME OF PROVIDER OR SUPPLIER DOMINICAN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065 SANTA CRUZ COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Continued From page 2</p> <p>was taken to the CT room by a technologist who was having difficulty starting the required IV (intravenous) line. Patient 1's identifying information was entered into the computer system, however, the technologist had to remove Patient 1 from the room to start the IV. This allowed another patient (Patient 2) to have her CT scan done in the interim.</p> <p>During this transition, Patient 1's name and information was not removed from the computer. After the scan was completed for Patient 2, a radiology technician noted the error, removed Patient 1's information from the computer and entered Patient 2's information to ensure it corresponded to the patient in the room.</p> <p>Further investigation revealed that when Patient 1's information was deleted from the computer in the room where the scan was performed, it was not deleted from the computer system used by the radiologist to read the scan. This was due to an incompatibility of software between the two systems. The radiologist subsequently read the wrong scan for Patient 1, resulting in unnecessary surgery.</p> <p>The hospital failed to develop a system or policy and procedure to effectively guide staff on how to inform the radiologist of an error in scanning due to the software incompatibility.</p>				

Event ID:QQGN11

5/8/2008

11:12:02AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.